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Dissertation

on

Peritonitis

by Wyatt Christian -

admitted March 14th 1821

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Peritonitis

The subject which I have selected for this dissertation, is one which I have had no opportunity except from study, of becoming acquainted with. It is a fact, but little understood by the most eminent writers, if we may be allowed to judge, from the great diversity of opinions existing among them, as to the nature & mode of treatment. Peritonitis, presents such a diversified character, so many symptoms of other diseases more trivial in their nature, that it has become one of the most fatal diseases with which we are acquainted. Whether this would really be the consequence, were the disease properly characterised, & clearly understood in every case from the beginning. I cannot determine. I am disposed to think it would not. Certainly there appears in the structures of the Peritoneum, nothing which should make an inflammation in this membrane in any respect different, or more difficult to subdue, than in the pleura. It may perhaps be said, that, the difference does not depend on any peculiarity in the structure of this membrane; but in consequence of its connection with organs of more importance to the well being of the animal economy.

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This I am compelled to oppose; notwithstanding the prevailing opinion of Physicians at the present day, respecting the powerful influence of the digestive system, over all other parts of the body.

I cannot be made to believe, that the heart, whose office is so very important, that its action cannot be suspended for the shortest interval, without a final cessation of life being the unavoidable consequence, can be of less importance, or less affected by disease, than the alimentary canal & it must be conceded, that they have exactly the same connexion, the one with the Peritoneum, & the other, with the Pleura. How then are we to account for a greater fatality in Peritoneal inflammation, than Pleurisy? This question may I think be very easily settled; if we admit what we know very frequently to be the case, that Peritoneal inflammation, is from its complex Symptoms, very frequently mistaken for other diseases less violent in their nature, which call for remedies directly opposed to what are here proper, & prevent the use of those which would be serviceable.

Another cause which has stamped, Peritoneal inflammation with a fatal character, is its occurring most frequently, indeed, I might say generally, in females after difficult parturition, when the subject of the disease becomes so much exhausted, as to be very ill calculated to bear the most trivial disease. Would not a case of Pleurisy under such circumstances be equally fatal?

Peritonitis commences with a chill, which is soon followed by fever, with a small chorded & frequent pulse; but, in the early stage of this disease, the symptoms which evince the nature of it, are the heat & pain of the abdomen which are confined to one particular spot, or extended over the whole of it. The fever is attended with great thirst; accompanied with dryness of the tongue & fauces. Such are the ordinary circumstances under which this disease first makes its appearance. But, in the course of 24 hours, the soreness of the Belly is so much increased, as not to bear the bed clothes. The pulse now beats from 115, to 140 strokes, in a minute; the abdomen becomes very tense & swollen. Now we behold our patient, lying on her back, with her knees bent

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on her abdomen, in which situation the patient is more at her ease; as it relaxes the abdominal muscles.

As this disease advances, the symptoms become highly aggravated, & it frequently happens, that they suddenly cease, as if from the effects of the remedies we have used; the latter is generally a certain indication of death, the pulse becomes smaller & more frequent, the patient is much troubled with vomiting a dark bilious matter, resembling the black vomit in Yellow Fever; this takes place copiously, & at short intervals, accompanied with cold clammy sweats, cold extremities, haggard countenance, & laborious breathing When the patient can lie with her extremities extended when the pulse is less frequent & fuller, the skin moist & cooler, respiration less laborious, pain & tension of the abdomen diminished, & the faces discharged at proper intervals, we may regard these as favourable signs of the disease.

Dissections inform us of the mischief of this disease. Inflammation is found extending through the whole of the Peritoneum, particularly in that part

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which covers the intestines. It is curious, that the inflammation never extends beyond the membrane to the muscles of the abdomen, whilst it is found to penetrate through every coat of the intestines.

Young practitioners are much in the habit of prescribing for diseases from the state of the pulse, according as it is excited or not, without regard to other circumstances. That much injury has been done, & this has been the case in this disease which has had a considerable share in rendering it so often fatal. Let it be always recollected, that when the digestive system is diseased, whether it be idiopathic or sympathetic, that the organs of the vascular system are so circumstanced, as to present a state approaching to the lowest grade of excitation, which the nervous system is not the in a state of excitement & requires the most active, & in a strong remedies. There then the pulse which is in most other cases as important to us, as the compass to the mariner at sea, becomes delusive & if we were to follow it, it would not only lead us from our practitioners, but cause us to hasten the destruction of our

patients.

Peritonitis has frequently been confounded with Enteritis, Colic & after pains. As regards the first, no considerable danger can result from the mistake, as the treatment is nearly the same: but it may be distinguished from Enteritis by the pain being more permanent by its being increased by pressure, & by its not being diminished, if an evacuation from the intestines is produced. But as the difference in the treatment of Colic & after pains is so great from peritonitis, we should be particular in noticing those symptoms, by which they can be distinguished. From Colic it can be distinguished, by pressure on the abdomen producing very considerable pain while pressure very frequently resorted to by patients labouring under colic in consequence of the relief it affords, also by evacuations from the bowels, producing no relief of the symptoms in Peritoneal inflammation, & being of infinite service in the other. But Peritoneal inflammation is more frequently mistaken for after pains, & this mistake is much more dan-

cerous. Many women, I have no doubt, die from this cause. It is customary for almost all women to be afflicted with after pains, & it is indeed very common for midwives, & old women to be acquainted with the mode of relieving them; but not at the same time being acquainted with the particular diagnosis of the disease, they consider every pain in the region of the Uterus, whether it be, induced by inflammation, or spasm, whether it occurs on the fifth, or third week after parturition, to be considered as after pains & treated as such by an anodyne diaphoretic or some stimulating medicine.

Now suppose a case of peritoneal inflammation to exist, what would result from this treatment? The inflammation would be increased ten fold every dose; it would extend with the utmost rapidity, not only over the Peritoneum, but over all the viscera, with which it is connected.

And when the Physician is called he finds his patient lying on her back, with her abdomen tense & painful, her strength prostrated, to the lowest grade;

the extremities cold, her pulse scarcely perceptible, & with all the other symptoms which mark the last termination of this disease. This now is all in vain & hopeless too late, which on the one hand we have the most evident marks of violent inflammation, & on the other such a prostration of the system that a reaction in many instances cannot take place. But might not all this be prevented? I answer yes, for nothing is easier in the first commencement, than to distinguish this disease. After pains come, with spasmodic, then an complete intervals of ease between the pains & with them come on in turn, with an evident inflammation, the pain is constant & much aggravated by pressure on the abdomen.

Treatment .. After the history of this disease, it would seem that there ought to be no doubt, as to the proper practice; but unfortunately there is no point more controverted: on the one hand, we have some of the most respectable practitioners belle recommending the most powerful stimulants, particularly

large doses of opium; whilst on the other side, those of no inferior standing recommend the depleting plan, carried to the greatest extent.

We have here a case of the most active inflammation, which appears all others to succeed with the most rapid strides, to a final dissolution. & no case of disease ever required a more prompt use of the lancet; it is indeed an only medium of hope. how it ever should have been forbidden I cannot imagine.

But strange indeed, are the views of medical men on particular subjects, & this case presents perhaps as plain an instance as any other, of injurious practice arising from false theory, which was probably founded in the folly of a man & his authority extended to the present day. The apparent prostration of the system shewn by the pulse, which I have often observed, is always illusive, & the circumstance of its occurring in the minimum state, must account for the wild hypothesis, & consequently the great diversity of practice. Ever since

the dawn of medicine, an error has prevailed among many of the profession, as to the management of puerperal women. They particularly forbid the use of the lancet, in every case that comes among this, mixed nature is a little more, unnatural excitement or debility, saying that the patient is by the process of parturition too much exhausted, to bear any direct depletion. This doctrine has been productive, I have no doubt of much misery, for puerperal women bear bloodletting much better than in any other state.

We must not, however, apply every case of delivery, with the patient, although, there may be, at most, the smallest degree of fever accompanied with a soreness of the abdomen, in this, active measures should be used, for in many instances, a gentle cathartic, diaphoretic, will be more beneficial, in the commencement of Peritonitis, than several copious bleedings after the disease is fixed.

When we are called in the first stage of this disease, venesection is our principle remedy, it should

be carried to the greatest extent, regardless of the pulse, which is never active, but always depressed in proportion, as the case is recent. It will be sometimes necessary to draw thirty or forty ounces at the first operation & in the course of six or twelve hours, repeat it again, & carry it to the same extent. But when we are called in the incipient stage of this disease, where the extremities have become cold with a pulse very quick & weak our practice should be somewhat different; here the system would not react under such large bleedings as are recommended above. Nevertheless the lancet is our chief dependance & should be used with much circumspection, watching particularly the effects, produced by the flowing of the blood. In some cases we can only draw a few ounces at the first operation, but by repeating it at proper intervals, & regulating the quantity by the state of the system, we may relieve that state of morbid excitement under which the patient is struggling, reaction will be induced & then we advance more boldly with other remedies.

After general bloodletting, we must next extract blood by local means. Cups & leeches should be applied to the abdomen, in such numbers as to produce a considerable discharge. This produces a determination of blood to the surface of the body, & is of great service even in cases, where the bowels are further indicated. Next to local bleeding we should apply a large blister over the abdomen, & keep up the discharge from the surface as long as possible.

By accurately pursuing these measures, we may frequently put a stop to the disease; but generally we have to call in other remedies to their aid particularly cathartics & diaphoretics. The first of these have only been recommended to be administered, so as to keep the bowels in a sensible state. Dr Chapman recommends in his lectures after venesection, an emetic & cathartic, & in which this opinion, prevails in the strongest cases in most sensible, in Peritoneal inflammation, presenting symptoms not at all different, from those for which we would

prescribe active purging in other diseases. In puerperal fever all authors concur in recommending bleeding; & there exists but little difference between the two diseases.

As soon as bleeding has been practiced, we should administer an active Cathartic, for one other will produce the desired effect. Calomel united with Vermlove, Jalap, or Rhubarb will be best adapted for this purpose. But there is a stage of this disease when these medicines cannot be used. This is when the inflammation has extended to the intestines; in this case these drastic medicines by their stimulating powers would increase the inflammation in these organs. Here the saline Cathartics should be used so as to keep the bowels open.

When the lancet has been used to the [illegible] extent, [illegible] to Diaphoretics, with the most singular results. This [illegible] is more [illegible] the physicians [illegible] recommending it. It is on some said to act like a charm. Those most commonly employed are external

means particularly the warm bath and also the internal use of Dovers Powder [illegible] to the second stage of the disease, but in the commencement [illegible] or hurtful. At all events [illegible] Diaphoretics at first particularly those which reduce the action of the heart & arteries, for the same reason [illegible] such as the antimonial preparations [illegible] & Nitre.

Of late the spirits of Turpentine has been highly recommended in this disease. It was first used in the stages when gangrene was expected, but has since been administered in the acute stages in very large doses. I am at a loss to account for the operation of this medicine in this disease, for it is a most diffusible stimulant, & the disease, with which we have to contend, is of a very inflammatory nature. Our theoretical notions will not allow us to recommend it. But when we come to consider how our Professor of the Institutes & Practice of Physick in the University very justly observes in his lectures, this [illegible] in the same

[illegible] act in this disease which is so singular in its name.

There remains for me to mention, that throughout the whole [illegible] of this disease, the patient should be [illegible] of a strict preventive nature, administered in small quantities, & repeated often, so as never to [illegible] the stomach.

[illegible] authors, a chronic [illegible] Peritonitis attended with some slight soreness, & [illegible] in abdomen, [illegible] a pulse; not [illegible]; thirst & costive bowels, sometimes the face is pale. [illegible] treatment [illegible] mentioned, such as general & local bloodletting, blisters & diaphoretics. & a strict adherence to the antiphlogistic regimen.